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Farish-Edwards, F, Parsons, AS, Starkey, J, Dubrow-Marshall, LJ, Thurston, SD,
Omylinska-Thurston, J and Karkou, V

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Chapter 1

Digitising Creative Psychological Therapy: Arts for the Blues (A4B)


Fleur Farish-Edwards
Edge Hill University, UK

Ailsa Shaw Parsons
University of Salford, UK

Jennifer Starkey
Edge Hill University, UK

Linda Dubrow-Marshall
University of Salford, UK

Scott D. Thurston
University of Salford, UK

Joanna Omylinska-Thurston
 <https://orcid.org/0000-0001-8329-171X>
*Greater Manchester Mental Health NHS
Foundation Trust, UK*

Vicky Karkou
Edge Hill University, UK

ABSTRACT

In response to the COVID-19 pandemic, there has been a need to adapt and develop psychological interventions that address the mental health of those in need. As a result, Arts for the Blues (A4B), an evidence-based creative group psychotherapy model, originally developed for in-person delivery to address the needs of clients with depression, was transformed into a remote therapy option. This chapter presents an overview of plans and steps so far and offers activities used online during a public workshop with 24 participants and training sessions with 70 psychotherapists (qualified and trainee). Concerns around safety, group sizes, time, and guidance/support are discussed, while the value of online work for clients with depression (adults and children) are explored. It is concluded that even when in-person delivery is possible, online versions will be useful since they encourage a wider reach and make interventions more accessible.

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INTRODUCTION

The pandemic encouraged us to revisit our professional practice and consider ways in which we can engage with digital platforms. As creative psychotherapists, we were challenged by the need to create safe relationships with our clients and to do this whilst continuing to use artmaking, movement, drama, music and creative writing. We needed to learn fast and respond quickly, often inventing and re-inventing the wheel in parallel with one another. The results of our learning process, however, have not been shared yet, making our discoveries unavailable to our colleagues and the wider professional community.

In this chapter we will explore ways in which the Arts for the Blues (A4B) team has adapted in-person psychotherapy work to suit remote delivery. A4B is an evidence-based group creative psychotherapy intervention that aims to tackle depression and improve wellbeing amongst adults and children. We believe that this model might be applied more broadly with other client populations and can be used by a range of different mental health workers.

This chapter aims to describe the work in transforming A4B from an in-person model into an online therapeutic offering in response to the COVID-19 pandemic including:

1. overview of plans and steps so far
2. examples of exercises used online
3. exploration of lessons learned and future directions

The work completed during an online public workshop as well as online workshops and training sessions with mental health practitioners will be used as our main reference point.

BACKGROUND

The Development of Arts for the Blues (A4B)

Arts for the Blues (A4B) is a structured psychotherapy model that uses different creative modalities such as movement, artmaking, music, drama and creative writing, as a means to tackle depression and improve wellbeing. As an evidence-based intervention, it grew out of a thematic synthesis of research findings around helpful factors in therapy for depression (Parsons et al 2019), evaluations from public workshops (Haslam et al 2019) and studio-based experimentations (Thurston et al under review). Pilot interventions began in primary care in the UK National Health Service (NHS) in Improving Access to Psychological Therapies (IAPT) services, and since then, has been used with adults and children in mental health charities (Karkou et al in preparation) and in schools (Moula et al 2020; Aithal et al 2021), yielding promising results. It is a multidisciplinary project involving collaborations from across a range of disciplines including performing and visual arts, literature, arts psychotherapies, psychology, counselling and psychotherapy (see <https://artsfortheblues.com/> for further information about the project).

The A4B model consists of eight key ingredients which participants are invited to engage with through the use of creative methods within a flexible structure (Omylinska-Thurston et al 2020). These ingredients include: (i) encouraging active engagement, (ii) learning skills, (iii) developing relationships, (iv) expressing emotions, (v) processing at a deeper level, (vi) gaining understanding, (vii) experimenting with different ways of being, and (viii) integrating useful material.

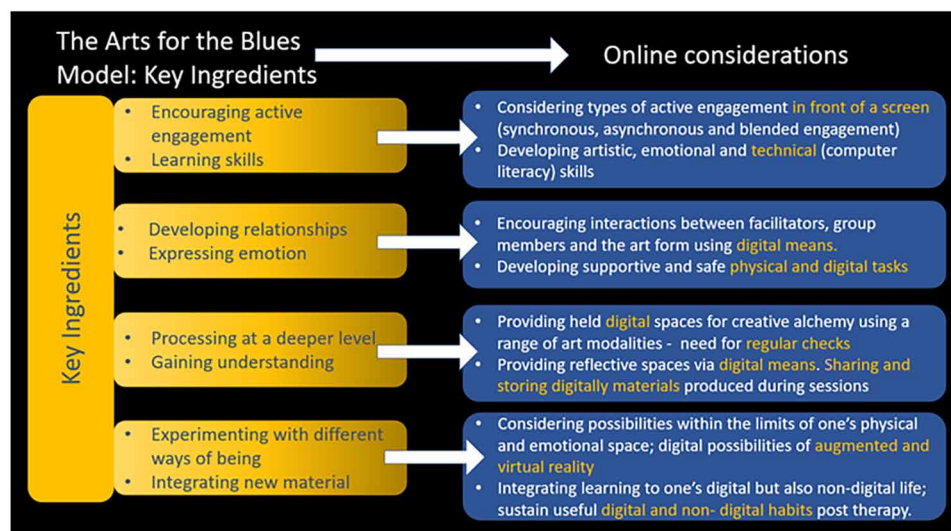
More recently, work has been undertaken to understand how these key ingredients can be offered online and utilising digital tools as described below (see also the project website: <https://artsforth-ebluespractice.co.uk/>).

MAIN FOCUS OF THE CHAPTER

Exploring and Developing Digital Possibilities

In response to the COVID-19 pandemic, the A4B team began transforming the model into a digitally-enabled therapy that aligns with NICE guidelines and NHS policy. We began by considering theoretical issues that would have to be addressed before we could move the programme/intervention online, and after group discussion, we identified the key considerations that would be necessary in adapting the model (See Figure 1).

Figure 1. Turning the A4B model into a digital version



We then piloted the digital intervention in an online public experiential workshop titled E-Arts for Covid Blues, followed by a focus group as part of the Manchester ESRC Festival of Social Sciences in November 2020. This was attended by 24 members of the public. In addition, more than 70 psychotherapists (qualified and trainee), counsellors, psychologists and psychiatrists took part in online training days over two weekends in January 2021 and April 2021; this involved both online workshops and development sessions to explore the creative digital possibilities for online delivery of the A4B model.

Safety First

Online workshops began with ground rules, creating a safe containing environment for participants' creative explorations. This is particularly important when working online as the facilitators have only limited access to participants and they may miss when/ if they are distressed or uncomfortable. Using creative methods can be very emotionally powerful for participants and may even stir up uncomfortable feelings, and this can be underestimated. It is therefore essential to prepare the participants for this and invite them to create space during and after the session. When working with clinical populations, issues around emotion regulation and risk of self-harm needs to be considered very carefully here.

Another important consideration is confidentiality as participants may express or share issues that normally they would not share which may lead to embarrassment or feelings of shame, known as the online disinhibition effect (Suler, 2004). Highlighting that confidentiality, and also that participants do not have to share what they do not want to share, is important, especially for reflective activity in pair work.

There are also clear guidelines for pair work where participants are invited to share with each other about their creative work but are asked to listen and witness each other and not interpret what they see or hear.

Finally, prior to the online creative workshop, participants are also asked to bring basic arts materials and create a safe physical space paying attention to any sharp edges or uneven floor for movement work.

Below are some examples of the creative activities, with therapeutic underpinning, that explored the A4B **key ingredients** in the online workshops and development sessions.

Key Ingredient 1: 'Encouraging Active Engagement'

This first ingredient refers to actively involving participants in creative group activities and is influenced by Cognitive Behavioural Therapy (CBT) and behavioural activation. It is regarded as an important way of supporting vitality that is perceived as missing when one suffers with depression (Omylinksa-Thurston et al 2020). Examples of activities may involve physical warm up, visual warm up, body scan, mindful movement and breathing exercises.

When this first ingredient is considered for online delivery, it is important to consider the type of active engagement suited to working in front of the screen as Figure 1 shows. Remote therapy takes different forms when it is synchronous, asynchronous or blended and clear decisions need to be made in advance of the commencement of the work.

Delivery of this ingredient during one workshop included an exercise where participants stood up, took time to relax their body, and touched and held their upper body at different points where they felt they needed to release tension. Participants then did some breathing exercises and on their out-breath, hummed. Together, with forty in the group, it worked beautifully as participants all hummed at different frequencies.

'Word clouds' were also used (see Figure 2)

Finally, a whiteboard was used in response to 'Who are you? How do you feel right now?', offering additional opportunities for active engagement (see Figure 3):

Through these group activities, individuals could offer their own contributions to the group work, and view these in the context of other's contributions, thus enhancing the sense of being actively and meaningfully engaged in the group activities.

Figure 2. What's the weather like inside you?



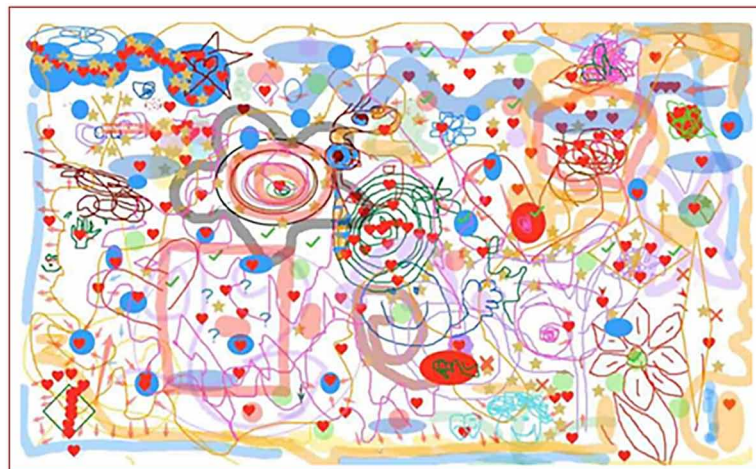
Key Ingredient 2: 'Learning New Skills'

This second ingredient involves learning skills that may help participants with their confidence, challenge negative thoughts and improve mood. It also involves learning how to use certain techniques and artmaking processes as a way of managing emotions and facilitating wellbeing. It is underpinned by CBT, Dialectical Behaviour Therapy (DBT) and Mindfulness (Martell et al 2001; Omylinska-Thurston et al 2020).

When we considered adapting the A4B model to digital interventions, it became important that we also considered learning basic technical skills (see Figure 1) such as the various ways in which one could use a computer, tablet or smart phone to connect with the sessions, how to use online platforms such as Zoom and its functionalities, along with tools such as the whiteboard and 'word cloud', many of which were new digital skills for some of the participants.

One example of this ingredient delivered online during a training day, involved inviting participants to unmute themselves and sing together a well-known song 'Swing low sweet chariot' led by one of the practitioners. Although synchronicity can be problematic on online platforms, the pleasure gained

Figure 3. Who are you? How do you feel right now?



from learning to sing this song together overrode any technical difficulties faced by the limitations of the digital environment. At the same time, the exercise helped participants to become comfortable with muting and unmuting themselves at will.

Key Ingredient 3: 'Developing Relationships'

Forming relationships is seen as a core component of the model as a whole, closely linked with humanistic thinking, as well as a key ingredient. It is particularly relevant for people with depression who may tend to withdraw from social interaction, thus perpetuating further isolation and loneliness (Omylinska-Thurston et al 2020).

Creating relationships through digital means becomes an important component of the translation of in-person delivery to a remote version (Figure 1). During a workshop, we explored movement interactions that could facilitate relationship-building. For example, someone in the group began making a gesture, movement or sound. The group mirrored this and then someone else from the group changed the gesture/movement/sound, which was then mirrored in turn, thus creating a repeating pattern in the group for a set period of time. In this exercise, everyone was able to be seen and acknowledged as well as to see and acknowledge others' contributions. Mirroring in this way unconsciously builds empathy and connection with others.

Key Ingredient 4: 'Expressing Emotions'

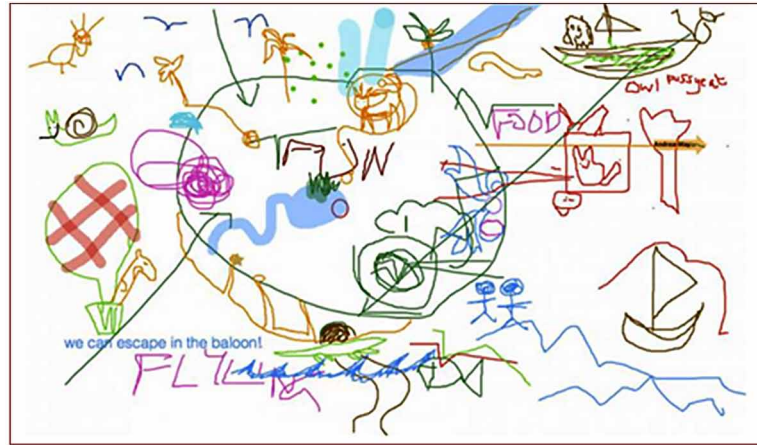
Feeling able to express emotions through spontaneous action precluding or assisting verbal sharing was another important ingredient closely associated with humanistic psychotherapy (Omylinska-Thurston et al 2020). According to humanistic thinking, depression can be the result of distorted or denied feelings and needs, therefore change can come from finding ways of expressing these feelings.

Offering safe opportunities to express emotions physically in one's own space, but also digitally in a private or shared way, was one of the considerations of how to translate this key ingredient to an online version as suggested in Figure 1.

For online delivery, this was explored in different ways that reduced pressure to disclose, by allowing individuals to choose what, how and how much to express. For example, in one task, we invited the group to use colours and shapes to express on paper how they felt. They were invited to use their non-dominant hand to access 'right brain' connecting with feelings. This was followed by a storytelling activity whereby the group was asked to take what was stirred up in art making to create a story starting with 'Once upon a time...' Each person wrote a personal story using their own metaphors and reflections, often connecting with humour and playfulness.

Following these tasks, participants went into pairs using online breakout groups and they were invited to share with each other their own reflecting and processing of their creations and to take turns in their sharing. They were encouraged to witness and support rather than interpret what they see or hear. This process of verbal sharing helped the participants to reflect and make sense of what they created in a held safe space.

Figure 4. Whiteboard - The island



Key Ingredient 5: 'Processing at a Deeper Level'

Identifying the roots of emotional distress and depression is another important ingredient. It is closely associated with the psychoanalytic/psychodynamic tradition and assumes that these deeply rooted issues may be responsible for depression and therefore need to be processed to achieve long-standing change (Lovgren et al., 2019; Omylinska-Thurston et al 2020).

Whenever people are diving into their own history and current struggles, the need for safety is paramount, and it was important to consider how to specifically address this in a digital environment. Our strategy was to discuss safety ground rules at the beginning of the session, and then make sure to have regular ‘check ins’ to assure safety, as a way of managing being in different geographical locations (Figure 1). This could involve asking participants to write a word in the chat or on the whiteboard of how they are feeling in any particular moment. Also asking people directly how they feel or asking them to show it in a form of a gesture could be helpful.

For online delivery of this ingredient, we invited in-depth processing through the creation of a group story. The whiteboard was used to create a metaphorical island, exploring opportunities and challenges in building relationships using imagery, symbolism and metaphor (see Figure 4). Participants were asked to position themselves in the island while creating a community. The invitation was also to consider what is needed when building a community, which served as a prompt in creating the group's story.

Following the exercise, the participants were invited to reflect in pairs how this activity resonated with their lives. They were asked to notice similarities and also challenges that emerged and consider these in the context of being in other groups and relationships. Again, the invitation for the pair work was to listen in a supportive manner rather than interpret the information.

Key Ingredient 6: ‘Gaining Understanding’

Creating links between any in-depth work and past experiences is another important key ingredient which refers closely to psychoanalytic/psychodynamic work (Lovgren et al., 2019; Omylinska-Thurston et al 2020).

When the work moves to an online environment, it is important to provide digital spaces for reflection (Figure 1) through talking, writing or showing participants' creations. Remote work also offers opportunities for digital and physical artwork to be stored digitally in a way that can be easily accessed by all participants in between sessions and/or after therapy completes, offering enhanced opportunities for gaining understanding of the therapeutic process.

The 'Tree of Life' (or, as someone named it, the 'Tree of Self'), was one activity utilised for this ingredient. Participants were invited to stand up and imagine themselves as this tree, rooting ourselves, feeling the movement and thinking about how this tree might represent the self in terms of our past (roots); present (trunk) and future (branches). The exploration of our 'roots' could also be developed further, for example, the roots of our distress, or our ancestral or heritage roots. Similarly, the trunk might involve our strengths and resources and the branches may also link with leaves and fruits looking at our hopes and dreams. Following this people were invited to draw the tree with all the different elements, which was also reflected on in pairs.

Key Ingredient 7: 'Experimenting With Different Ways of Being'

Experimentation with different ways of being offers opportunities for participants in the groups to find different ways out of depression (Omylinska-Thurston et al 2020). This approach is linked with social constructionism (Galbin, 2014); inviting people to consider whether what one tends to do is still useful.

Experimentation within a digital environment needs to consider one's physical and emotional space, especially since the possibilities are limitless when augmented and virtual reality are incorporated (Figure 1).

As part of this ingredient, we explored 'who' or 'how' we wanted to be with a word and gesture. One person started by sharing their word e.g., brave, kind etc and then the group would mirror the associated gesture. They would then nominate the next person to share their word and gesture, to again be mirrored by the group, and so on. This offered opportunities to all participants to try different ways of being, not only verbally, but also in an embodied way, with the support of the group.

Key Ingredient 8: 'Integrating Useful Material'

The last ingredient of the model includes the integration of useful learning from the therapeutic process. Integration can take the shape of a final piece that enables the participants to summarise and integrate important aspects of therapy (Omylinska-Thurston et al 2020). This links with narrative therapy and 're-telling' one's story with greater understanding and compassion.

In a remote therapy context, integrating useful material can take the shape of integration within one's digital as well as non-digital life. Sustaining digital and non-digital good habits post therapy is an important outcome of this therapeutic process.

In one online workshop, we used another interactive whiteboard sharing as a way of closing the session (Figure 5). Participants were asked to respond to the question: 'How do you feel now?'. Having this digital image of their shared experience, in the context of this one-off workshop, offered a concrete reference back to the workshop, steeped in personal meaning.

Another way of integrating this particular experience came from one of the A4B facilitators and founders of the model, Scott Thurston, who, as an accomplished poet, was able to weave together Zoom chat contributions from participants in the workshops and training sessions as follows:

Figure 5. Whiteboard - How do you feel now?

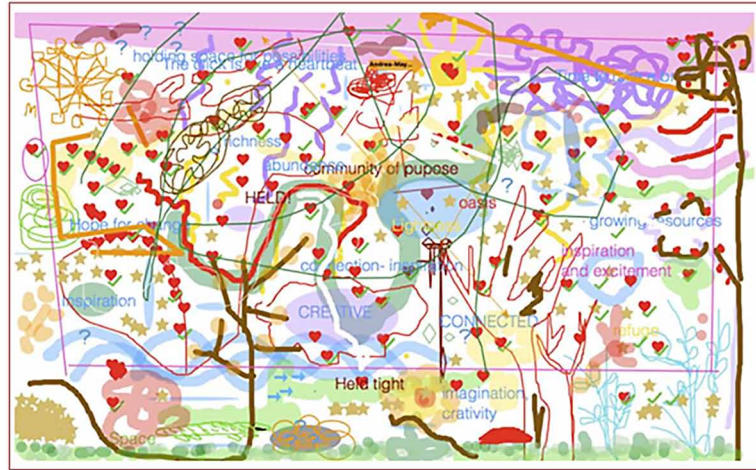


Figure 6.

BRIGHT PRESENT CURIOUS TIMING

1

Others forward a bit today learn appreciative with new but have this different bit sharing with the milkman.

Positive, excited, but technological that feeling — I am connecting, open, standalone and positive.

Looking I from therapist to calm, nice to curious,
how the tired limitations present.

**Energised, bring me open wish STUFF anticipation:
learn and dance life about my forward students.**

Eager past thankful: it's buzzing, relaxed apart,
today feeling nervous, intrigued, overwhelmed.

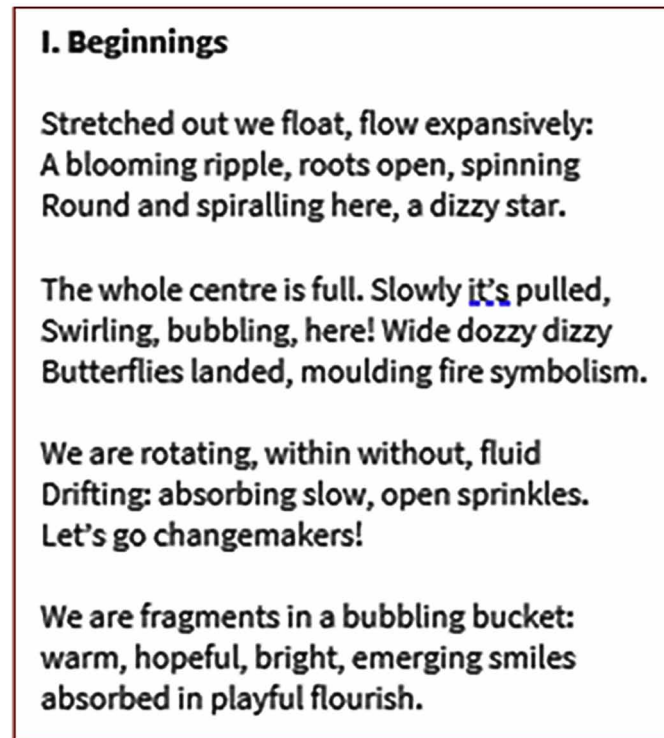
Person in this morning colleagues grateful to see an artist
energies included, learning what being fun looking to LOVE.

Will THIS course be creative and is or but creative?
Never too inspired fatigued love; stifled, excited, curious.

So mind Mam don't be nervous! Lovely to meet fresh thinking.

The first part uses the words and comments from the beginning of each day/workshop (Figure 6 and Figure 7)

Figure 7.



The second part uses the words and comments from the end of each day/workshop (Figure 8 and figure 9)

Figure 8.

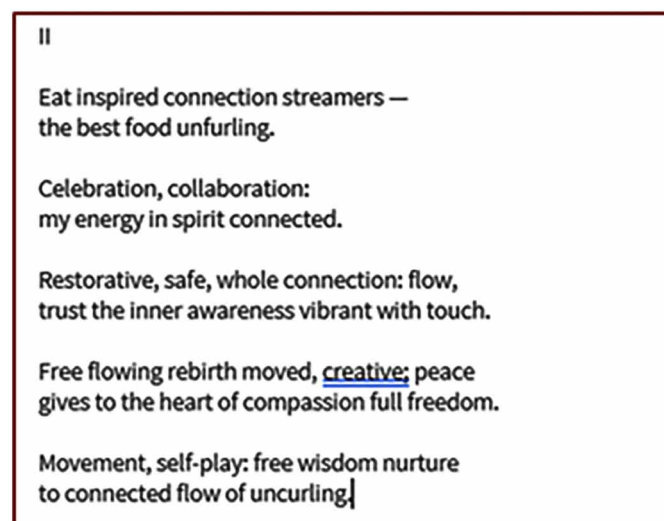
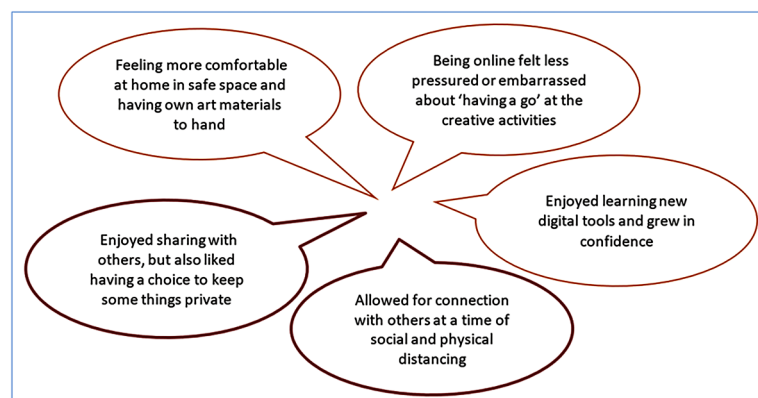


Figure 9.



Summarizing the online experiences in a poetic form allowed for some of the metaphorical experiences to be shared, in line with the creative nature of the intervention.

Figure 10. Participants' responses to A4B online workshops



Digital possibilities within each one of the key ingredients of the model have also been further developed in the practitioner training days and presented in the project's interactive website (<https://artsforthebluespractice.co.uk/>).

Evaluation of data from the ESRC and practitioner online workshops, shows some early indications of the potential for the online delivery of A4B (see figure 10) that include the value of feeling more comfortable with trying creative activities online and from the safety of one's home, striking a balance between sharing and holding back and developing confidence in the use of new tools. The value of connecting with others was a sentiment often repeated, on a smaller scale with participants reflecting that small breakout groups were meaningful and insightful, to the larger scale with the recognition that online delivery offered opportunities to connect with others across different regions and countries.

The participants' engagement in online workshops and feedback following the workshops gave us confidence that this is a helpful approach to working creatively with groups, something that perhaps would have not been imagined prior to the Covid-19 pandemic.

Issues, Controversies, Problems

The main themes identified in the feedback from the online A4B workshops and training sessions were group size, time and guidance/support. The groups involved were far greater in number (up to 40 in each workshop and training sessions) than is advised for most group therapy scenarios (commonly cited recommendations include 7-8 (Yalom & Leszcz, 2020) and 7-10 (Bernard et al., 2008)). This may at times have felt overwhelming and indeed this seemed to be the case with some participants feeling reluctant to speak in the main 'Zoom room'. In alignment with Weinberg's (2020) findings around the challenges of online group therapy (establishing of cohesion and therapeutic presence online, differences in the working alliance and cohesion compared to in-person groups), we had already considered the need to promote greater connectedness between participants, by using 'breakout' rooms in smaller groups in order to increase trust, before feeding back into the main room. However, these small group activities did not always feel securely contained, as there was not always enough time for the smaller group to properly form (the initial and most rudimentary stage of effective group development; Tuckman, 2013) and carry out the activities before being pulled back into the main room for each subgroup's spokesperson to feedback to the whole group. In this sense, managing large numbers in this way may prevent breakout groups from confidently 'investing' in activities if they are so large as to require such an arrangement.

It may be the case that the greater the whole group, the longer the time needed for each subgroup to build familiarity and trust to be able to engage with exercises. Thus, pacing can become more problematic, and extra time is needed for explicit group process when transitioning from one body of work to the next i.e., in-between exercises (Yalom & Leszcz, 2020). Hence, therapists may face a trade-off between allowing time for group process and completing the intended activities that are the main focus of this form of therapy.

Participant feedback also highlighted the centrality of guidance and support and the differences in how this can be accessed in an online setting versus in-person. Guidelines for the practice of online psychotherapy tend to focus on preparing contingency plans in the case of clients needing urgent support, for example where safety is a concern (e.g. BACP, 2019), while other authors note the challenges of technology and reduced interpersonal cues (McBeath et al., 2020), but there is scant guidance for what online group arts therapists can do to attend to individuals within the session, as one might during in-person artistic exploration. If a participant becomes upset or overwhelmed in the online group setting,

especially with larger numbers, this may not be detected and supported in the same way as it would be in-person, where one can potentially find a quieter area in which to support/be supported during difficult moments. Hence, the technical barrier posed by lack of physical space/safe space must be considered further. Additional technical issues such as variable functionality between participants' devices or lack of connectivity may further constrain one's sense of safe and self-determined connection to the group. Similarly, in online settings (especially in large numbers or during breakout groups), it is not always possible to catch the attention of the facilitator, or desirable to speak up to request additional instruction/guidance for creative tasks, and facilitators cannot usually see what participants are doing at the level of their desk, so cannot always recognise if participants have misunderstood the task.

Additional well-documented issues with online work, include 'Zoom fatigue', eye strain and distraction (Fauville et al. 2021). In addition, online work may involve and certainly allows a way of being, being seen and seeing others that falls short of the fullness of face-to-face (or, more broadly, body-to-body) work. However, just as creative activities within A4B are gradually scaffolded to titrate the level of difficulty or intensity, thus allowing clients to acclimatise, so too may online work act as a steppingstone between two seemingly distant worlds. The depressed individual's private, withdrawn world may feel too far of a reach to the world of vivid, physically proximal encounter, therefore participating more partially/obliquely/'from the shoulders up' through online A4B may offer a more accessible option for those whose reluctance to step out may otherwise preclude their attendance to in-person creative/therapeutic groups.

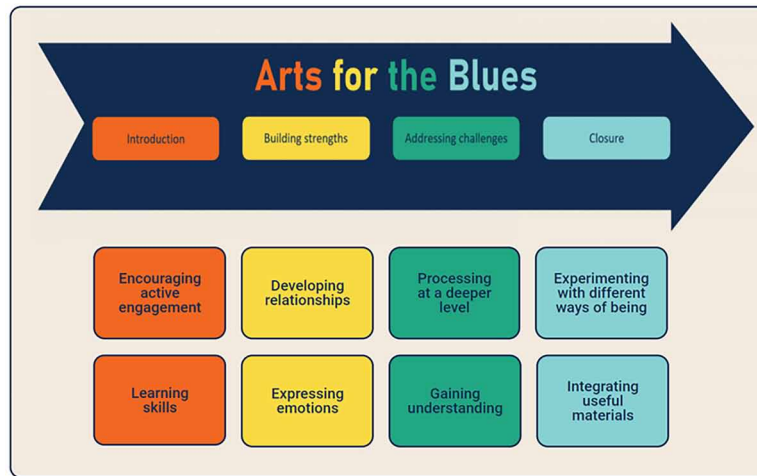
Solutions and Recommendations

Some key considerations and solutions to the above issues have been identified. Clear expectations in the form of a therapeutic and practical contract are essential to overcoming problems relating to boundaries both within the digital application (e.g., breakout groups, modes of communication, ways of managing time boundaries) and within the clients' physical space (i.e., privacy, limiting distractions, good time keeping) in order to be able to fully engage and feel predictability within the online environment. Clients should also be able to predict the number of participants in online creative therapy groups and have a variety of options and extra time to make themselves heard should they feel lost or overwhelmed in a larger group. Checking in after each activity such as a simple 'thumbs up' and the importance of at having at least two facilitators was important for participants to ensure that everyone felt held and ready to progress to the next activity. Facilitators may wish to build in plenty of flexibility with regards to time; the greater the group the more flexibility of pacing is to be expected. Additionally, to address the issue of time, one possibility would be to consider offering briefer adaptations of the model which would use fewer modalities within a single session. To address the issue of not always knowing when people need support, we could consider adding an observer facilitator whose task would be to monitor the chat function where participants could signal that they wanted to be supported individually, which could then be accomplished in a breakout room.

Indeed, smaller groups are likely preferable and less daunting for clients. Especially when using creative methods, which the 'uninitiated' may find challenging or evoke various self-schema around "not being any good at art", building in extensive space for small group connection to enhance trust may be more effective from the beginning, for example through lengthier icebreakers and time for unstructured group process and sharing between participants.

Also, to build clients' sense of creative self-efficacy and well as a sense of containment and clarity, creative instructions should be more specific and simplified where possible, especially when used with

Figure 11. Visual of the A4B process, taken from the A4B practice website



a new/unfamiliar group, or with clients who are new to the therapist and/or approach. Again, this relates to the scaffolding of activities and titration of challenge level mentioned earlier.

As mentioned previously, online work in which group members tend to connect from the shoulders up, at least visually, can lead to a sense of disembodiment as individuals rely heavily on their cognitive and technological resources through which to communicate and relate, although, as previously noted, this can also be a gentle way for some people to be initiated into creative arts therapies. However, the limited visual view heightens the importance of grounding and refocusing on the full embodied experience in-between the periods of screen-based focus and in between exercises involving deeper exploration. Group members may not be fully connecting in the same way that they might do in-person, therefore each group member's connection to here-and-now self becomes more crucial, and this return to the present self may take the form of encouraging regular noticing and attention to the breath and body, the individual's environment as well as the online environment.

Facilitators also need to actively show they are open to receiving and striving to incorporate the whole client, including all the nonverbal signals that are easily obscured online, and of course to have a 'Plan B' for what to do if the connection fails – both metaphorically/psychologically (i.e. client does not/cannot engage to the extent that is ideal online) and literally (i.e. how to cope with shortcomings in internet connection). In both of these instances it will be most helpful to draw upon congruence and name the difficulty with connection, while allowing time and space to process and perhaps remedy the issue.

FUTURE RESEARCH DIRECTIONS

The research team are currently working on offering digital resources for both practitioners and clients to access asynchronously and build towards a more extensive interactive digital therapy package (<https://artsforthebluespractice.co.uk/>).

This includes the development of interactive webpages and resources such as content ratings, feedback/comments, quizzes, polls. There will also be a facility to post user-generated content (photographs of

artworks, videos of dances etc) and in the future it is hoped there will be a forum space for practitioners to connect, ask questions and share. This creative mode of public engagement will enable an exciting dialogue between academic research and the public. This will support the building of an online community who can share research-informed creative work together in a supportive environment and complement the existing website <https://artsfortheblues.com/>. The new webpages will feature therapeutic creative resources founded on research-based knowledge promoting social benefit by providing practical and focused solutions for emerging psychological needs for a wide population. The creative digital resources will include videos, audio, animations and downloadable materials, created by the A4B team of psychotherapists, counsellors and psychologists. It is intended that users will be able to interact with them.

Additionally, an Arts for the Blues twelve session therapy intervention has recently been delivered online with clients from a mental health charity, which further developed work in this field. Analysis of these results are still underway and will inform development of future digital offerings, which we intend to extend to children and young people with mental health or physical difficulties.

We are currently also engaged in systematic review of digital psychotherapies for depression to underpin theoretically this development (PROSPERO CRD42021238462) Ultimately, the aim is to expand the evidence base for creative psychological interventions, including digitised versions, develop an RCT study and influence policy to increase access to creative therapies, regardless of location.

In the future, we hope to be able to offer hybrid versions of our A4B intervention, including face-to-face delivery, but by keeping a digital version, we will be able to reach a broader number of participants and make our intervention more accessible.

CONCLUSION

Creative therapies and arts psychotherapies traditionally have been delivered in face-to-face physical environments. The Covid-19 pandemic provided an opportunity to deliver and test creative therapy workshops online. Although there were some difficulties including technical and clinical challenges, online delivery provides a new possibility that has a potential to reach clients who traditionally would not have been able to attend such workshops (e.g., clients with physical disabilities or chronic illness). This provides an exciting opportunity in terms of reducing health inequalities and reaching communities who would have not been able to access such offerings. Although online creative therapy format needs further investigation and research, it is a promising new mode of delivery which has a great potential for the future.

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